

**U. S. DEPARTMENT OF ENERGY
EM CONSOLIDATED BUSINESS CENTER
NOMINATION FOR ON-THE-SPOT MONETARY RECOGNITION AWARD**

Employee(s) Name and Organization:	Title:	Date(s) of Achievement:
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Amount of Award for Which Nominated:

\$ _____

Justification: (If needed an additional sheet may be attached)

Name/Title of Supervisor:	Signature:	Date
Name/Title of Approving Official:	Signature:	Date
CFO Coordination:	Date HR Processed:	